Information for Alaska Healthcare Providers regarding 2019 Novel Coronavirus (COVID-19)
Updated March 21, 2020

Situation Summary: The U.S. Centers for Disease Control and Prevention (CDC) is closely monitoring the COVID-19 epidemic. Updated information about COVID-19 will be posted on the Alaska DHSS [COVID-19 website](#)**.**

Information for Healthcare Professionals:

1. Ensure rapid identification and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection. Implement triage procedures to detect Persons Under Investigation (PUI) for COVID-19 prior to, or immediately upon, arrival to the health care facility.

2. **Screen all patients for symptoms AND travel/contact history**. Testing and reporting guidance procedures were updated [on March 21 in an Alaska Public Health Alert Network (PHAN)](#) message.
   - Providers **no longer** need to call the Alaska Section of Epidemiology (SOE) to approve testing.
   - Provider must fill out a [COVID-19 Report Form](#) for each patient regardless of which laboratory is performing testing.
   - Call SOE at **907-269-8000 or 800-478-0084** (after-hours) to consult about a specific patient or situation, especially those patients who will not be able to isolate in their own homes, e.g., homeless persons or travelers from out of town.

3. **If patient meets the criteria for testing, consider the patient a PUI: mask patient** with medical mask (not N95).

4. **Isolation** recommendations for a PUI:
   - **Ambulatory/Outpatient**
     - **If you are experiencing a shortage of personal protective equipment (PPE) for use in the evaluation of PUI, follow your infection control plan and current CDC guidance:** https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
     - Healthcare personnel (HCP) evaluating PUI and collecting respiratory specimens should, at a minimum, adhere to standard, contact (gown and gloves), droplet precautions (medical mask, not N95) and eye protection (eye protection).
     - Available respirators (i.e. N95 masks) should be prioritized for procedures that are likely to generate respiratory aerosols (i.e., procedures likely to induce coughing such as sputum induction or open suctioning of airways).
     - Escort masked patient to an Airborne Infection Isolation Room (AIIR), if available, or, if not, a private room with a closed door. Restrict visitors from entering the room.
     - Do not transport this PUI to another health care service or facility without directly communicating to the receiving medical professional first.
   - **Hospital/Inpatient**
     - All healthcare personnel (HCP) in direct contact with the PUI should adhere to standard, contact, and airborne precautions. They should wear the following PPE: gowns, gloves, respiratory protection (N95 mask or Powered Air Purifying Respirator or PAPR) and eye protection (face shield or other).
     - **If you are experiencing a shortage of N95 mask or PAPRs, follow your infection control plan and CDC guidance**: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
     - Escort patient to AIIR. Restrict visitors from entering the room.
     - Do not transport this PUI to another health care service or facility without directly communicating to the receiving medical professional first.

5. **Testing**: https://www.cdc.gov/coronavirus/2019-ncov/guidelines-clinical-specimens.html
   To increase the likelihood of detecting an infection, CDC recommends the collection of specimens as soon as possible. **See page 23 of the Alaska State Public Health Laboratories Test Directory for additional details. Please consult this Directory regularly as information about appropriate types of swabs and alternate transport media is being revised on a frequent basis.** Testing is being performed at both the Anchorage and Fairbanks facilities of the State Public Health Laboratory system.

   Commercial diagnostic assays for the detection of respiratory pathogens, i.e., respiratory pathogen panel may include a target test for one or more types of human coronavirus. None of the assay targets will currently cross react and detect the COVID-19. Nasopharyngeal specimens testing negative for COVID-19 will be further tested at ASVL for other co-circulating respiratory viruses.

6. **Decisions about patient disposition, isolation, and follow-up monitoring** should be made on a case-by-case basis in consultation with the Section of Epidemiology at **907-269-8000 or 800-478-0084.**

7. **Environmental infection control:** Routine cleaning and disinfection procedures (e.g., using a two-step process that includes first cleaning surfaces with a detergent to remove any dirt/grime and then applying an EPA-registered, hospital-grade disinfectant for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings. Disinfectants with either EPA-approved emerging viral pathogen claims or label claims against human coronaviruses should be used. High-touch surfaces should be cleaned and disinfected frequently throughout the day. Consult your facility's infection control practitioner for guidance.

8. **Geographic Information**
   - Affected Geographic Areas with Widespread (Level 3) or Sustained (Level 2) Community Transmission are listed on CDC's Travel Notice website: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
   - COVID-19 Global Cases GIS Map (by Johns Hopkins CSSE) https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

9. **Additional Infection Control Resources**
   - CDC. (Mar. 10, 2020). Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
   - NSW. Infection Prevention and Control Novel Coronavirus 2019 (2019-nCoV) – Primary and Community Care (Feb. 9, 2020). http://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0007/567988/Infection-Control-Primary-and-Community-Care-2019-nCoV.pdf